

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH:

County Somerset
City or town Emfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? one hour
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Somerset
City or town marion
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Evelyn Archie

3. (b) Social Security Number

219-01-3827

4. Sex Female 5. Color or race Cal 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Edward Archie

7. Birth date of deceased (mo., day, yr.) mar 1-1908 6. (c) If alive, give age 49 years

8. AGE: Years 40 Months 1 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace marion Somerset Co Md.
(Town, county, and state)

10. Usual occupation House work

11. Industry or business

12. Name George Cottman

13. Birthplace marion Somerset Co Md

14. Maiden name Sarah Robinson

15. Birthplace Beaulesland Somerset Co Md

16. Informant Bertinda Archie

Address marion Sta Md.

17. burial Date thereof may 10-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wesley

Location marion Somerset Co Md

18. Funeral director Charles H Ward

Address marion Sta Md

19. may 10, 1948 Nellie Dryden
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1948 at 3 A

I CERTIFY that death occurred on the date above stated; that I attended deceased from _____
and that I last saw _____
ImmEDIATE cause of death _____

Due to _____
Cause Myocarditis
Other conditions Acute Cardiac
Dilatation

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was caused by violence, fill in the following.

Accident, suicide, or homicide _____

Where did injury occur? _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____ M. D. or other _____

Address Respect Md Date May 8/48

MARGIN RESERVED FOR BINDING

VS A16 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 hours
 Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
 How long in hospital or institution? 12 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset
 City or town Kingston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Clarise Linda Bradshaw

3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced SINGLE

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) May 14, 1948 6.(c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day
11 hrs. 45 min.

9. Birthplace Crisfield-Somerset-Md.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Rollins Bradshaw13. Birthplace Crisfield, Maryland14. Maiden name Lucile Harper15. Birthplace Green County, North Carolina16. Informant Rollins BradshawAddress Kingston, Maryland

17. Burial Date thereof May 15, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Crisfield, CemeteryLocation Crisfield, Maryland18. Funeral director H. Harvey BradshawAddress Crisfield, Maryland

19. May 15 1948 Janice E. Spines
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948 at 12:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1948 to May 14 1948

and that I last saw her alive on _____ 19 _____

Immediate cause of death Premature 6 1/2 months DURATION _____

Due to Premature Rpt. 7. Pleuritis 24 Cts.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Janice E. Spines M. D. or other _____

Address Maryland Date signed May 15 48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... MD County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 319 N. First St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... No

3. (a) FULL NAME

Philip Saylor Clayton

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife None
 6.(c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.) Oct 8, 1945
 8. AGE: Years 2 Months 7 Days 20 hrs. min.

9. Birthplace... Crisfield
 (Town, county, and state)
 10. Usual occupation... At home
 11. Industry or business

12. Name... Paul F. Clayton
 13. Birthplace... Parkley, Va.
 14. Maiden name... Mary R. Saylor
 15. Birthplace... Crisfield
 16. Informant... Paul F. Clayton
 Address... Crisfield
 17. Burial Date thereof 5/30/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory... Sunny Ridge
 Location... Crisfield
 18. Funeral director... William B. Clayton
 Address... Crisfield MD
 19. May 30 19 48 Janice E. Spies
 (Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 28 19 48 at 8 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 19 48 to May 28 19 48
 and that I last saw him alive on May 28 19 48

Immediate cause of death... Lymphosarcoma
 DURATION 5 months

Due to...
 Due to...
 Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...
 Date of op...
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... C. S. Rawley MD M. D. or other
 Address... Crisfield, MD Date signed... 5/29

RECEIVED
JUN 3 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.62

1. PLACE OF DEATH: Somerset Co.
County.....
City or town..... Near Pocomoke R.F.D. 1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland..... County..... Somerset Co.
City or town..... Near Pocomoke City R.F.D. 1
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war..... First World War

3. (a) FULL NAME
Jessie Thomas Cottman

3. (b) Social Security Number
216-12-1439

4. Sex..... Male..... 5. Color or race..... Colored..... 6.(a) Single, married, widowed, or divorced..... Married.....
6.(b) Name of husband or wife..... Vergie A. Cottman.....
6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.)..... March 9. 1897.....
8. AGE: Years..... 51..... Months..... 2..... Days..... 0..... If less than one day..... hrs. min.

9. Birthplace..... Costen Station, Somerset Co., Md.,
(Town, county, and state)
10. Usual occupation..... Farming & Milling

11. Industry or business.....
FATHER 12. Name..... Sidney Cottman
13. Birthplace..... Somerset County, Maryland
MOTHER 14. Maiden name..... Annie Stevens
15. Birthplace..... Somerset County, Maryland

16. Informant..... Mrs Vergie A. Cottman
Address..... Pocomoke City, R.F.D. 1

17. Burial..... Date thereof..... 5/13/1948.....
(Burial, cremation, or removal. Which?)..... (month) (day) (year)
Cemetery or crematory..... Tinley Chapel Cemetery
Location..... Somerset County, Pocomoke R.F.D.

18. Funeral director..... Howard A. Hill
Address..... 901 Market St., Pocomoke City, Md.

19. May 11 1948 Insblayton Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 9. 1948 at 345 P

21. I CERTIFY that death occurred on the date above stated; that ~~the deceased~~ ~~deceased~~ ~~from~~ ~~19~~ ~~to~~ ~~19~~ ~~and that I last saw him~~ ~~alive on~~ ~~19~~ ~~at~~ ~~the~~ ~~cause of death~~ ~~acute heart~~ ~~failure~~ ~~a chronic heart~~ ~~disease~~

Immediate cause of death.....
Due to.....
Due to.....
Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town)..... (County)..... (State).....
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE.....
Address..... Date signed.....

CERTIFICATE OF DEATH

1

Handwritten signature and text, likely a doctor's or official's statement.

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MAY 12 1948
BUREAU V. S.

Handwritten signature and text at the bottom left, possibly a date and name.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05335

1. PLACE OF DEATH:

County... Somerset

City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 74 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Somerset

City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No... Lakeside Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war... no

3. (a) FULL NAME

John McIsaac Wye

3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife Arintha

7. Birth date of

deceased (mo., day, yr.)

May 6, 1864

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

84

23

hrs.

min.

9. Birthplace...

Smith Island, Md.
(Town, county, and state)

10. Usual occupation...

Waterman

11. Industry or business

Saw

FATHER
MOTHER

12. Name...

John Dm. Wye

13. Birthplace

Md

14. Maiden name...

Margaret Marshall

15. Birthplace

Md

16. Informant

Pluma Winstead

Address

Crisfield, Md

17.

(Burial, cremation, or removal, Which?)

Date thereof

May 31, 1948
(month) (day) (year)

Cemetery or crematory...

Crisfield

Location...

Crisfield, Md

18. Funeral director

H. H. H. & Sonington

Address

Crisfield, Md

19.

May 31, 1948
(Date rec'd registrar)Janice E. Spier
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 29, 1948, at 6:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1, 1948, to May 29, 1948.

and that I last saw him alive on May 29, 1948.

Immediate cause of death

Coronary Thrombosis

DURATION

Due to...

Due to...

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address... Crisfield Date signed May 31, 1948

RECEIVED

JUN 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05335 265

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:
McCready Hospital
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 230 Somerset Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Infant Forbush

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife None
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 2, 1948
8. AGE: Years No Months No Days 1 If less than one day hrs. min.

9. Birthplace Crisfield-Somerset-Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

12. Name Augustus Guss Forbush, Jr.

13. Birthplace Crisfield, Md.

14. Maiden name Rebecca Weber

15. Birthplace Crisfield, Md.

16. Informant Guss Forbush, Jr.

Address Crisfield, Md.

17. (Burial, cremation, or removal, Which?) Date thereof May 3, 1948
(month) (day) (year)

Cemetery or crematory Crisfield, Md.

Location Crisfield, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

19. May 2nd 19 48 Nellie Dryden
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd 19 48 at 2:00 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2, 2:45 AM 19 48, to May 2 - 2:00 PM 19 48
and that I last saw him alive on May 2 19 48

Immediate cause of death Cerebral Palsy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lucy E. Bradshaw M. D. or other

Address Smarron, Md Date signed 5/4/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:

County SomersetCity or town James Quarter
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 49 yrs.

Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Carrie Agnes Jones4. Sex Fe. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband Herman Jones7. Birth date of deceased (mo., day, yr.) Jan. 16, 18998. AGE: Years 49 Months 03 Days 03 If less than one day9. Birthplace James Quarter, Som. Md.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Denwood Jones13. Birthplace James Quarter, Md.14. Maiden name Mary Brown15. Birthplace James Quarter, Md.16. Informant Herman JonesAddress James Quarter Md. #4117. Burial Date thereof May 18 48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory James QuarterLocation James Quarter, Md.18. Funeral director Charles H. HardAddress Marion St., Md.19. 5725 48 R. N. Johnson, M.D.
(Date rec'd by registrar) (month) (day) (year) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town James Quarter
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

220-01-7258

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 48 at M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 48 to May 21 48and that I last saw him alive on May 21 48Immediate cause of death uremiaDURATION + 3 hoursDue to Chronic Hepatitis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Matus, M.D. M. D. or otherAddress May 25 48 Date signed 5/25/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

05338

940

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 47yrs
 Hospital, institution, or street address where death occurred:
Main Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

James B. Keister

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Catherine M. Keister
 7. Birth date of deceased (mo., day, yr.) March 21, 1862 8. (c) If alive, give age _____ years
 8. AGE: Years 86 Months 1 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Newport, Virginia
 (Town, county, and state)
 10. Usual occupation Retired Dentist
 11. Industry or business

12. Name William Keister
 13. Birthplace Unknown
 14. Maiden name L. Price
 15. Birthplace Unknown

16. Informant Catherine M. Keister
 Address Main Street, Crisfield, Md.

17. Burial Date thereof May 21, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Sunny Ridge
 Location Crisfield, Md.
Hubbard & Covington

18. Funeral director Hubbard & Covington
 Address Main St. Crisfield, Md.

19. May 20 1948 Janice E. Spivey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1948 at 1:00A M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from was dead when found
 and that I last saw him alive on _____ 19____

Immediate cause of death General Arterio DURATION _____

Due to Sclerosis

Due to Coronary occlusion

Other conditions William H. Coulbourn, M.D.

(Include pregnancy within 8 months of death)
 Major findings of operations DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

Date of op. _____

Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Natural Cause Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of Injury _____ Injured at work?

23. SIGNATURE W. H. Coulbourn, M.D.
Crisfield Md. Date 5/19/48

RECEIVED

MAY 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
Lifetime
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Main St.
 How long in hospital or institution? *****

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 309 Main St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war *****

3. (a) FULL NAME

Samuel Gordon Lawson

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Blanche Lawson
 6.(c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) July 12, 1882
 8. AGE: Years 65 Months 8 Days 20 If less than one day
hrs.min.

9. Birthplace Crisfield-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation Embalmer and
Funeral Director
 11. Industry or business
 12. Name I. Samuel Lawson
 13. Birthplace Crisfield, Md.
 14. Maiden name Ella Bedsworth
 15. Birthplace Crisfield, Md.
 16. Informant Mrs. Blanche Lawson
 Address Crisfield, Md.
 17. Date thereof May 4, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Sunny Ridge Cemetery
Hopewell, Crisfield, Md.
 Location
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. May 4 19 48 Janice E. Spino
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd 19 48 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 19 48 to May 2 19 48
 and that I last saw him alive on May 2 19 48

Immediate cause of death
myocardial failure
due to coronary infarction
Coronary thrombosis
 Other conditions Rheumatoid Arthritis
 (Include pregnancy within 3 months of death)

DURATION

1 wk5 yrs5 yrs20 yrs

Major findings of operations.....

.....Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

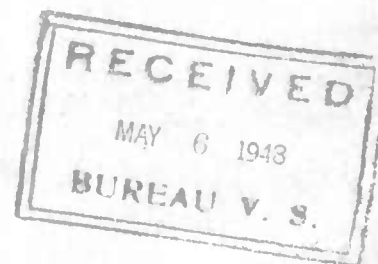
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Peyton M. D.
 M. D. or otherAddress Crisfield, Md. Date signed May 3



Reg. Diat. No. 260

VS A15

Address..... Date signed.....

MISSISSIPPI STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

PATIENT'S NAME

RECEIVED
MAY 25 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
RFD 1
 How long in hospital or institution: *****

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RFD 1
 (If rural, give LOCATION)
 2.(a) If veteran, name war *****

3. (a) FULL NAME

Ethel Adella Sterling

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife None

7. Birth date of deceased (mo., day, yr.) May 15, 1889 6.(c) If alive, give age _____ years

8. AGE: Years 59 Months 0 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Crisfield-Somerset-Md.
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business Home

12. Name Edwin F. Sterling
 13. Birthplace Crisfield, Md.

14. Maiden name Emma A. McCreedy
 15. Birthplace Crisfield, Md.

16. Informant Willie E. Sterling
 Address Crisfield, Md.

17. Burial date thereof May 20, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crisfield Cemetery
 Location Crisfield, Md.

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. May 20 19 48 Janice E. Davis
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 19 48 at 6:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 1 19 47 to May 18 19 48
 and that I last saw him alive on May 17 19 48

Immediate cause of death

Myocardial Infarction

DURATION

Due to

Coronary Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

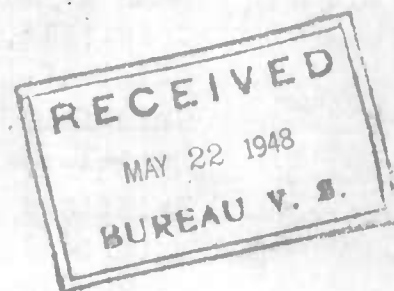
Injured at home, farm, industry, public place (where?) _____

Means of Injury _____

Injured at work? _____

23. SIGNATURE

George E. Burrell, M.D.
 M. D. or other _____
 Address Marriott Md Date signed May 19 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **265**

05342

1. PLACE OF DEATH: Somerset
County.....
City or town.....
How long in above place of death?.....
Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland..... County..... Somerset.....
City or town..... Crisfield.....
Street No..... 7th Street (no number).....

2.(a) If veteran, name war.....

3. (a) FULL NAME
ANNIE PEARL SUTTON

3. (b) Social Security Number
None

4. Sex..... Female.....
5. Color or race..... Colored.....
6. (a) Single, married, widowed, or divorced..... Single.....

6. (b) Name of husband or wife..... None.....

7. Birth date of deceased (mo., day, yr.)..... March 11, 1948.....
8. (c) If alive, give age..... years.....

8. AGE: Years..... Months..... Days..... If less than one day.....
No..... 2..... 17..... hrs..... min.....

9. Birthplace..... Crisfield-Somerset-Md.
(Town, county, and state).....

10. Usual occupation..... None.....

11. Industry or business..... None.....

12. Name..... John Green.....

13. Birthplace..... Crisfield, Md.
14. Maiden name..... Pearl Sutton.....

15. Birthplace..... Crisfield, Md.

16. Informant..... Pearl Sutton.....
Address..... Crisfield, Md.

17. (Burial, cremation, or removal. Which?)..... Burial..... Date thereof..... May 29, 1948.....
(month) (day) (year)

Cemetery or crematory..... Lawsonsia Colored Cemetery.....
Location..... Lawsonsia, Crisfield, Md.

18. Funeral director..... H. Harvey Bradshaw.....
Address..... Crisfield, Md.

19. 5/28 48 Janice E. Spiree
(Date rec'd by registrar)..... Registrar.....

MEDICAL CERTIFICATION
20. DATE OF DEATH..... May 28..... 1948..... at 10 30 A.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 28 1948 to May 28 1948
and that I last saw him alive on May 28 1948

Immediate cause of death..... pneumonia, bronchial.....
DURATION..... 3 days.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE..... C. H. Rawley Mal.
Crisfield, Md.
Address..... Date signed..... 5-28-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15N

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JUN 2 1948

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County SomersetCity or town marion
(if outside city or town limits, write RURAL and give nearest town)How long in above place of death? 16 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town marion
(if outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Henry James Ward

3. (b) Social Security Number

216-12-1874

4. Sex

male

5. Color or race

col

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Edith ward

7. Birth date of

deceased (mo., day, yr.)

July 13-1883

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

64921

hrs.

min.

9. Birthplace

Hopewell Somerset co Md
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name

Therese Ward

13. Birthplace

Hopewell Somerset co Md

14. Maiden name

Ellen Steward

15. Birthplace

Wheaton Somerset co Md

16. Informant

Charles H Ward

Address

marion sta Md

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

May 7, 1948
(month) (day) (year)

Cemetery or crematory

Hopewell

Location

Crusfield R.D. 2 Md

18. Funeral director

Charles H Ward

Address

marion Md

19.

(Date rec'd by registrar)

May 6th48Nellie Snyder

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 419 48 at 3 A

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 119 47 to May 419 48

and that I last saw him alive on

May 419 48

Immediate cause of death

Leucemia, acute, 2nd rel

DURATION

1 week

Due to

Chronic myelocytosis

Due to

Chronic renal insufficiency

Other conditions

Gonorrhea & syphilis

(Include pregnancy within 5 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. C. B. Brown

M. D. or other

Address

marion sta MdDate signed 5-6-48

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MAY 11 1948

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